OLD REPUBLIC INSURANCE COMPANY

CONTRACT: L20-0482-AP LEGENDARY, INC.

BLOCK 10 LOT 6

EXPIRES: 10/01/2048 __

				1
CERT	FICATE	OF INS	URANCE	

CERTIFICATE NUMBER 73283935

SSUE DATE 3/3/2023

s is certify to:	CERT	FICATE	HOL	DER

Okaloosa County Board of County Commissioners, their respective officials, employees and volunteers 302 Wilson Street Suite 301 Crestview FL 32536

The following policy(les) have been issued to:

Legendary Air, LLC 4471 Legendary Drive Destin FL 32541

POLICY INFORMAT ON									
AIRCRAFT POLICY NUMBER	COVERAGE EFFECTIVE DATE	POLICY EFFEC	TIVE DATE	POLICY EXPIRATION DATE		INSURANCE COMPANY			
CA 00392603	3/1/2023 12:01 A.M.	3/1/2023	3 12:01 A.M.	3/1/2024 12:01 A	.M. O	LD REPUBLIC INSURANCE COMPANY			
LIAB	ILITY COVERAGES			LIM TS	OF LIABIL	ITY			
SINGLE LIMIT BODILY INJURY IN	CLUDING PASSENGER & PROPERTY D	DAMAGE		EACH PERSON XXXX		EACH OCCURRENCE \$ 1,000,000			
DESCRIPTION OF AIRCRAFT FAA No.	PHYSICAL DAMAGE COVER YEAR MAKE & MODEL	AGE / All Rig	sks Ground al	nd In-Flight ED VALUE DEDUCTIBLE NOT IN MOTION		TTACHED AIRCRAFT SCHEDULE DUCTIBLE N & INGESTION			
N500PB :	2007 Beech King Air 350	FL-514			\$O	\$0			
THIS COVERAGE INCLUDES: WAR LIABILITY COVERAGE TRIA LIABILITY COVERAGE OTHER COVERAGES / CONDITION	WAR PHYSICAL DAMAGE COVERAGI RIA PHYSICAL DAMAGE COVERAGI DNS / REMARKS		SEE ATTA	CHED OTHER COVERAGES A	CONDITIONS	S / ADDITIONAL REMARKS SCHEDULE			
Certificate Holder is included as 350. Certificate Holder is provid King Air 350.	ed a Waiver of Subrogation on	Aircraft Physical	Damage Cov	rerage but only with resp	ect to han	garing of N500 PB, Beech			
PROVISION HAS BEEN MADE - NONPAYMENT OF PREMIUM - SUCH NOTICE. THIS CERTIFIC THIS CERTIFICATE DOES NOT AFFORDED BY THE POLICIES REPRESENTATIVE, OR PRODL	OF ANY POLICY ABOVE; HON ATE IS ISSUED AS A MATTER AMEND, EXTEND, OR ALTER REFERENCED HEREIN NOR	WEVER, THE CC R OF INFORMAT R THE COVERAG	ÒMPÁNY ASS ION ONLY AN BE, TERMS, E	SUMES NO RESPONSIE ND CONFERS NO RIGH EXCLUSIONS, CONDIT	BILITY FO ITS UPON IONS, OR	R THE FAILURE TO PROVIDE I THE CERTIFICATE HOLDER.			
AGENCY / PRODUCER Sterling & Sterling, LLC.		PHONE 850-650-1811	OLD REPUBLI	Chinelul	RIZED REPRI	ESENTATIVE			
OLD REPUBLIC AEROSPACE, IN	C. 1990 Vaughn Road, Suite 350 F	Kennesaw GA 30144	PH 1-770-590-	4950 FX 1-770-590-0599		The second secon			
				AlF	RCRAFT (03/2	2) ecertsonline © 2021 All rights reserved.			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/16/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights t	o the	cert	ificate holder in lieu of s).			
PRODUCER				CONTACT NAME:					
Waldorff Insurance & Bonding 45 Eglin Parkway NE Ste 202				PHONE (A/C, No, Ext): 850-581-4925 FAX (A/C, No): 850-581-4930					
Fort Walton Beach FL 32548				E-MAIL ADDRESS: receptionist@waldorffinsurance.com					
				INSURER(S) AFFORDING COVERAGE NAIC#					
				INSURER A : ACE American Insurance Company					22667
INSURED			LEGEAIR-01						
Legendary Air, LLC									
4471 Legendary Drive Destin FL 32541				INSURER C:					
Desuit FL 32341					INSURER D :				
				INSURER E :					
COVERAGES CERTIFICATE NUMBER: 1077540400					INSURER F : REVISION NUMBER:				
COVERAGES CERTIFICATE NUMBER: 1877548488 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD									
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
	ADDL	SUBR		POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
A X COMMERCIAL GENERAL LIABILITY	INSD Y	WYD. Y	SVRD95413353-002		11/29/2022	11/29/2023		1,000,6	non
CLAIMS-MADE X OCCUR			241/75404 19992-005		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,, ,	DAMAGE TO RENTED	100,00	
J CLAIMIS-MADE 11 OCCUR							T TIETHOEG (EG GOOGH GHOS)	5,000	
							PERSONAL & ADV INJURY \$		
									200
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC								2,000,	JUG
							PRODUCTS - COMP/OP AGG \$		
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT &		
ANY AUTO							(Ea accident) PODILY INJURY (Per person) \$		
OWNED SCHEDULED									
AUTOS ONLY AUTOS NON-OWNED									
AUTOS ONLY AUTOS ONLY							(Per accident)		
							\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	•	
DED RETENTION \$ WORKERS COMPENSATION							PER OTH-	i	
AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT \$	i	
(Mandatory In NH) If yes, describe under							E,L, DISEASE - EA EMPLOYEE \$	i	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 1001 Airport Road, Block 10 Lot 6 Hangar, 12-105, Destin, Florida The certificate holder is added as an additional insured, wavier of subrogation, and 30-day notice of cancellation applies except 10 days for non-payment as per written contract. Location address 1001 Airport Road, Block 10, lot 6, Hanger 12-105, Destin, Florida									
CERTIFICATE HOLDER C.					CANCELLATION				
OLIVIII IOATE HOLDER				JANG					
Okaloosa County Board of County Commissioners 302 Wilson Street, Suite 301 Crestview FL 32536				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				A. Wape Haller					